

the first year of the medical examinations. There are, however, not likely to be many candidates for the final M.B., inasmuch as too short a time has elapsed since the examinations commenced, but there is no lack, at least, from Owens College, for the "Preliminary in Science" or the "Intermediate M.B." I believe there will be over thirty candidates for the two examinations, exclusive of any who may be presenting themselves from the University College, Liverpool. There is a general feeling in existence here that, while the examinations should be thorough and practical, they should be within the reach of every hard-working average student. On this question, Professor Stirling's remarks, in his address, were very much to the point.

At a special meeting of the Rivers Committee of the Manchester City Council, held on Monday, a scheme for dealing with the whole sewage of the city was laid before them by the city surveyor. The scheme includes the construction of a main sewer from the centre of the city, of about two miles in length, to the river Irwell. A large tract of land is to be acquired near the river for the erection of precipitating tanks for dealing with the sewage before entering the river. The whole scheme is as yet incomplete; but enough of it has transpired to show that, what with the Thirlmere water-scheme, and the acquisition of land at Carrington Moss to be used as a tip for the street-accumulations and contents of the ash-closets, the Health Committee of the Corporation will have enough on their hands for many a long day to come.

CORRESPONDENCE.

TO CORRESPONDENTS.

Our correspondents are reminded that prolixity is a great bar to publication; and, with the constant pressure upon every department of the JOURNAL, brevity of style and conciseness of statement greatly facilitate early publication. We are compelled to return, and hold over a great number of communications, chiefly by reason of their unnecessary length.

THE USE OF CUCAINE IN PROSTATIC CATHETERISM.

SIR,—Relative to the use of cucaine in early prostatic catheterism, Mr. Hurry Fenwick's statement is only his own way of expressing the fact I named. All I said in my paper was, *that in order to anaesthetise the prostatic urethra, the end of an instrument must first be placed there*; Guyon's being as good as any; and Mr. Fenwick simply says this over again. I have found cucaine so useful in my general practice, that I said, regretfully, that I consider its use "impracticable" in early prostatic catheterism. I maintain that, when a small soft catheter merely has to be passed into a man's bladder, it is impracticable in almost all cases, and obviously when dealing with the nervous and sensitive, who, above all others, are liable to urethral shock, to subject the spongy urethra to an injection of cucaine-solution; and, after waiting a few minutes (for its action is not "instantaneous," as stated by Mr. Fenwick), to pass an instrument six inches down the canal, in order to make a further application of cucaine to the deeper part, before practising catheterism. Surely the remedy is worse than the disease.—I am, sir, yours very faithfully,

Wimpole Street, W.

G. BUCKSTON BROWNE.

AMERICAN PUBLIC HEALTH ASSOCIATION.

SIR,—The fourteenth annual meeting of the American Public Health Association is to be held at Toronto during the first week in October, and I have been requested by Dr. C. W. Covernton, the First Vice-President, to bring the meeting to the notice of English sanitarians, in the hope that they may be willing to visit Canada on that occasion.

In addition to the reading and discussion of papers on various matters relating to Hygiene, set out in the circular I beg to enclose, it is desired to establish an International Congress of Hygiene, and to get international protective laws passed, safeguarding Europe from the importation of yellow fever, and the continent of America from small-pox and cholera.

If a number of persons, amounting to fifty, elect to go to Canada, they would be conveyed from London to Toronto and back, first class, for twenty guineas a-head; while, for another twenty guineas, those who might desire to see more of the country, would be carried by the Canada Pacific Railway, along a most charming line of country, from Quebec, Montreal, or Toronto, to the terminus of the road, Vancouver, or to any part of British Columbia at which they might elect to stop on the line, and return to either of the above starting points.

I shall be happy to receive the names of anyone who would like to make up a party, and shall be pleased to give any more detailed in-

formation. As this invitation is doubtless meant as an international courtesy, I make no apology for trespassing on your space, but thank you, in anticipation, for affording me the means of bringing to the notice of English sanitarians the favourable opportunity which presents itself for spending a delightful autumn holiday among our colonial and American brethren.—I am, sir, your obedient servant,

C. E. SAUNDERS, M.D., Honorary Secretary,
Society of Medical Officers of Health.

21, Lower Seymour Street, Portman Square, W.

PERITONEAL SURGERY.

SIR,—The delicate reproach which you offer to me, in your leading article in the JOURNAL of May 15th, may be, for all I know, fully deserved; and, in any case, I shall endeavour to profit by it. I must, however, say, in self-defence, that those who know the facts of the struggles of abdominal surgery, during the last eight years, know quite well that whatever I may have said in the direction to which you object has not been without cause. I am fully prepared to withdraw and express my regret for anything which I have said which has been unjust to anyone; but I must ask you to allow me, in justice to others, to correct the impression which one sentence or your article will probably leave upon the minds of those who are not cognisant with the history of abdominal surgery. It is that in which you allude to Sir Spencer Wells's position as the chief establisher of ovariectomy.

I have exhaustively studied the history of this operation, since its first successful performance by Robert Houston in 1701. Its history may be divided, roughly speaking, into three phases. The first begins with Ephraim McDowell, and ends with Nathan Smith about the year 1824; and, during these years, the whole achievements of modern surgery were almost equalled in success, if not in extent. The principle of the intraperitoneal treatment of the pedicle with the short ligature was fully established; and the great regret, in the history of the operation, is that it ever was departed from. The second phase begins with Charles Clay, who first performed ovariectomy in England on September 27th, 1842; and, during the succeeding twenty-five years, he performed 390 ovariectomies, with a mortality of very nearly 25 per cent. This second phase ends with the close of the career of Mr. Baker Brown, in 1867. Dr. Charles Clay, unfortunately, departed from the principles of Nathan Smith, and used long ligatures. Baker Brown, on the other hand, adopted a complete intraperitoneal method; and between May, 1865, and September, 1867, he performed 40 consecutive operations upon this principle, with a mortality of only 10 per cent. The third phase in the history of ovariectomy begins with Mr. Spencer Wells, who, between 1857 and 1878, performed 1,000 ovariectomies, with a mortality of 25 per cent.; he having, most unfortunately, like his predecessor, Dr. Clay, departed from the successful method of Nathan Smith. This third phase ends with Dr. Thomas Keith, who again re-established Nathan Smith's principle; and from that, I venture to say, no one will ever again have the hardihood to make a deviation.

With this simple statement of the facts of the case, it is difficult to see upon what basis your claim for Sir Spencer Wells is founded. Dr. Clay fully established the operation years before Mr. Spencer Wells began to operate; and, as is admitted now by every writer upon the subject, the introduction of the clamp has been nothing but a misfortune for abdominal surgery. This has been said so often that I regret to have to repeat it; but I never can permit the names of Nathan Smith, Baker Brown, and Keith, who are the true establishers of ovariectomy, so far as the greatest of its principles is concerned, and that of Dr. Clay, who is the true establisher of ovariectomy so far as the fighting of its early battles can go, to be passed over in favour of anybody else.—I am, etc.,

Birmingham.

LAWSON TAIT.

SIR,—Mr. Lawson Tait is entitled to the hearty congratulations of the profession on the splendid results he has had in "139 consecutive ovariectomies performed between January 1st, 1884, and December 31st, 1885, without a death." Personally, I should like to have had further details given of the successive steps of the operation, and of the subsequent treatment, in Mr. Tait's paper in the JOURNAL of May 15th, especially as, so far as they are given, they differ materially from what I believed to be the generally accepted teaching. I am delighted to hear that peritonitis is so certainly and speedily cured by giving "a rapidly acting purgative, it matters not what; the patient's bowels are moved, and the peritonitis disappears." Mr. Tait does not say that the same treatment will beat the peritonitis following anything else but ovariectomy, and I confess I still hesitate to forsake